



**TEMPERED WINDOWS/SMOKE REMOVAL TEST**  
(One System per Report)

Occupancy Address: \_\_\_\_\_ Occupancy Name: \_\_\_\_\_  
Responsible Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Building Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Building Owner Address \_\_\_\_\_  
Date of Inspection: \_\_\_\_\_ Type of Inspection: Quarterly ☐ Annual ☐ Acceptance ☐ Other ☐  
Testers Name (Please Print): \_\_\_\_\_ SFD Certification Number: \_\_\_\_\_

**TEMPERED GLASS:**

1. 2-INCH WHITE DOTS LOCATED ON LOWER 1/3 OF WINDOW.....Yes ☐ No ☐
2. Tempered windows located at approximately 50 feet:  
Intervals around building perimeter.....Yes ☐ No ☐
3. Tempered windows are obstructed.....Yes ☐ No ☐
4. Tempered windows on all floor levels above 1<sup>st</sup> floor.....Yes ☐ No ☐
5. Building has operable windows.....Yes ☐ No ☐

**SMOKE REMOVAL:**

Building has smoke removal fan system..... Yes ☐ No ☐

1. System operates on fire alarm.....Yes ☐ No ☐
2. Fire dampers operate.....Yes ☐ No ☐
3. System operates on manual control.....Yes ☐ No ☐
4. System operates on emergency generator.....Yes ☐ No ☐
5. Does the smoke removal system provide 6 air  
Changes per hour?..... Yes ☐ No ☐

How Measured? (show calculations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problems Found: \_\_\_\_\_  
\_\_\_\_\_

**Corrections Made:** \_\_\_\_\_ **Date Corrected:** \_\_\_\_\_ **Corrected By:** \_\_\_\_\_

**SIGNATURE OF TESTER** \_\_\_\_\_

**AGENCY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_